

TENNESSEE BOARD FOR LICENSING CONTRACTOR

500 JAMES ROBERTSON PKWY., SUITE 110; NASHVILLE, TN 37243-1150
(615) 253-4710 or 253-5741 or (800) 544-7693 - Fax (615) 532-2868

TRANSFER FEE: \$100.00

TRANSFER - LICENSE MODE OF OPERATION

Current License Mode of Operation: Individual Corporation Partnership LLC
Transferring to: Individual Corporation Partnership LLC

License ID#: _____ Expiration Date: _____

Current Name on License: _____

Address: _____

Address Change: Yes - Address above indicates new address No - There has been no change

Telephone: _____

Previous Owner(s)/Officers and Titles (may submit attachments):

1. _____ 2. _____
3. _____ 4. _____

Qualifying Agent(s): _____

(Person(s) who passed exam or designated employee/ officer)

Are there complaints or outstanding judgments against this company? Yes No

(If yes, please attach an explanation)

NEW COMPANY NAME INFORMATION

New Name to be on License : _____

(Name must be exact as attachments)

Has there been a change in owners, officers or titles: No Yes - List Below:

1. _____ 2. _____

3. _____ 4. _____

Has Qualifying Agent Changed No Yes - Name: _____ SS# _ _ _ - _ _ - _ _ _

CHECK LIST/ATTACHMENTS

1. _____ Complete and submit the attached contractor's affidavit
2. _____ Attach a current financial statement in the new company name.
3. _____ Attach applicable certificates, such as an amended Charter, Articles of Organization, Certificate of Authority, which are obtained from the Tennessee Secretary of State's office - (615) 741-2286
4. _____ Letter of explanation which outlines the reasons for change in mode of operation
5. _____ Letter of Relinquishments (if there were other owners or officers)
6. _____ \$100.00 fee with this completed transfer application

NOTE: When submitting this form at renewal time, you may receive an expired revised license before the renewed license. If there has been a change in ownership, merger, reorganization or purchase by nonstockholders, please notify our office for the "Application for Contractors License" instead of completing this form! Transfer is for mode of operation change, only, as the license is not transferable to a new entity.

CONTRACTOR'S AFFIDAVIT

1. _____
 (Contractor) (Name as to be licensed)

Mode of Operation: { } Corporation { } Partnership { } Individual { } Limited Liability Company

2. To the best of my knowledge, information, and belief, a petition in bankruptcy { } ***HAS { } HAS NOT** been filed within seven (7) years preceding the filing of this application from any person who is an officer, owner, partner of this entity. *(If such petition has been filed, attach information and an explanation of the proceedings hereto as part of affidavit.)*

3. As "Contractor" (owner/proprietor or partner, officer, director, qualifying agent or major stockholder) with this company, firm, or corporation, do hereby affirm, I/we { } ***HAVE { } HAVE NOT** been convicted of a felony, participated or any other conduct which constitutes improper, fraudulent, or dishonest dealings, involvement with any company who is in violation of T.C.A. 62-6-118. *(If you checked "HAVE", please attach an explanation.)*

4. As "Contractor", I/we { } ***HAVE { } HAVE NOT** bid, offered to engage or performed any construction, in the State of Tennessee, where the amount of the contract would require a license to engage in contracting, in the new name or mode of operation to be licensed. If so, please attach an explanation.

I/we affirm in applying to the Tennessee Board for Licensing Contractors for a license name change to engage in contracting with the State of Tennessee, hereby depose and say as follows:

Information provided in this application is true and correct, submitted to the Board for Licensing Contractors for the express purpose to change the license name of contractor's license, in the State of Tennessee. Further, there has been no change in ownership, merger or reorganization pursuant bankruptcy, which requires a new license.

***If you checked "HAVE" or "HAS", please attach explanation-**

The individual, owners, qualifying agent(s), partners, major officers, controlling stockholders, or Chief Executive Officer duly authorized by the Board of Directors, with this entity, must execute this affidavit

_____ (Print Name)	_____ (Title)	_____ (Signature)
_____ (Print Name)	_____ (Title)	_____ (Signature)
_____ (Print Name)	_____ (Title)	_____ (Signature)
_____ (Print Name)	_____ (Title)	_____ (Signature)

Subscribed before me this _____ day of _____, 20 _____.

 (NOTARY PUBLIC)

(SEAL)

My Commission Expires: _____
 State of _____
 County of _____